




City of Charleston Department of Recreation: **Bees Landing Recreation Center**

Bocce Ball (men)	Baking Contest	Rummikub
Corn hole	Registration Deadline September 1st, 2016	Scrabble
Pickle Ball		Darts
Wii Bowling	Mah Jongg	Bocce Ball (women)

Registration available in person **ONLY** at the Bees Landing Recreation Center.

1580 Ashley Gardens Blvd, Charleston SC 29414

2016 Golden Games (Fall)**Event Registration Form**

The City of Charleston Golden Games Recommends that participants consult their doctor in regards to practice, participation, and competition in this Senior Physical Fitness Program.

Please Print:

Name: _____ Age: _____ Birthdate ____/____/____

Address: _____ Sex: () Male () Female

City: _____ State: _____ Zip Code: _____

Telephone: Home: _____

Emergency Contact Name: _____ Phone: _____

Please check events you wish to enter.
ALL PARTICIPANTS MUST SIGN THE ATTACHED WAIVER

___ Breakfast of Champions –9 am Free (This is for a food head count) Shirt Size: S M L XL 2x 3x 4x 5x

***Shirts may not be available after
September 1st Deadline***

EVENTS (REGISTRATION FEE INCLUDES 1 EVENT EXCLUDING PICKLEBALL)

___ Baking Contest Event Fee Includes All Categories

Cakes ___ (Reg) ___ (SF)

Candy ___ (Reg) ___ (SF)

Pies ___ (Reg) ___ (SF)

Cookies ___ (Reg) ___ (SF)

___ Bocce Ball (Men)

___ Bocce Ball (Women)

___ Cornhole

___ Darts

___ Scrabble

___ Mah Jongg

___ Rummikub

___ Wii Bowling

___ Pickle Ball

___ Newcomer

___ Intermediate

___ Advanced



Please check your division

50 – 59 ___

60 – 69 ___

70 – 79 ___

80 and up. ___

Registration Deadline September 1st, 2015

Registration Fee: \$5 (All events EXCEPT PB)	= \$ _____
All other Events: \$1	= \$ _____
Pickle Ball fee: \$15 (Reg. Fee Included)	= \$ _____
	= \$ _____
	= \$ _____
Total Enclosed	= \$ _____

We accept Visa, Mastercard, Check or Money Order. Please make checks payable to the City of Charleston. Completed registration form, waiver, and fee must be submitted to the Bees Landing Recreation Center by May 5th. Please familiarize yourself with the rules of the events entered. For questions contact the Bees Landing Recreation center at 402-4571 (ask for Robert Gorski) or email Katelin Ballard at ballardk@charleston-sc.gov



Bees Landing Center – Adult Participation - Registration PARTICIPANT MEDICAL HISTORY QUESTIONNAIRE

PERSONAL INFORMATION

FIRST NAME: _____ DOB: ____/____/____

LAST NAME: _____ AGE: _____

ADDRESS: STREET _____ SEX: _____

CITY/STATE/ZIP _____

HOME PHONE () _____ - _____ CELL PHONE: () _____ - _____

EMERGENCY CONTACT NAME: _____ PHONE: () _____ - _____

Email address: _____

MEDICAL INFORMATION

PHYSICIAN NAME: _____ PHONE: () _____ - _____

Does your physician know you are participating in an exercise program?

Please List any medications you are currently taking:

Please list any medical illnesses: _____

Please list any Allergies: _____

Release of Liability for Adult Participants

Read before signing

IN CONSIDERATION OF _____), being allowed to participate in any way in City of Charleston, Department of Recreation program; travel on field trips, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury to myself from the activities involved in these programs is significant, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

I myself, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (HEREIN AFTERWARDS REFERED TO AS "RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs which includes transporting my child to and from such programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

FOR MYSELF, I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,

I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from the participation and bring such attention of the nearest official immediately; and,

I, for myself, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my involvement or participant in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARY WITHOUT ANY INDUCEMENT.

X _____
PARTICIPANT SIGNATURE (PRINTED NAME) DATE SIGNED

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this and any recreation program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

X _____
PARTICIPANT SIGNATURE (PRINTED NAME) DATE SIGNED

Golden Games

Schedule of Events

****Please do not sign up for more than 3 events****

Breakfast at 9 am.

Baking Contest Items turned in by 10 am

Bocce Ball Men 9:45 am – 10:45 am

Women 11 am – 12 pm

Cornhole Women 9:45 am – 10:45 am

Men 11 am – 12 pm

Mah Jongg 9:45 am – 10:45 am

Rummikub 9:45 am – 10:45 am

Scrabble 11 am – 12 pm

Wii Bowling 11 am – 12 pm

Darts 12:30 pm – 2 pm

Pickle Ball (random doubles) 10:00 am – 2 pm